PTC/SB/17 (10-07) Approved for use through 08/30/2010. OMB 0651-0032

Under the Paperwork Reduct	on Act of 1895	no persons are required (to reepond	U.S. Petent end to a collection of	Trademark Off	on; U.S. DEPA se it deplays e	RTMENT OF COMMERCE valid OMB control number
Filtrative on 12/08/2004.				Complete If Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2008				Application Number 10/542,		374	
				Filing Date .		January 20, 2006	
				First Named Inventor		Ayres et al.	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Englu		ind, Terry Lee	
——————————————————————————————————————						816	
TOTAL AMOUNT OF PAYMENT (\$) 420.00		Atto	Attorney Docket No.		1217/213		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Osposit Account Number: 501288 Deposit Account Name: LIU & LIU							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below. except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAF	RCH, AND	EXAMINATION FEE	S	ere e	XAMINATIO	M EEE Q	
	FILING 1	meil Entity	ARCH I	all Entity	Sme	<u>ll Entity</u>	Essa Daid (E)
Application Type	Fee (5)	Fee (S) Fee				<u>• (\$)</u>	Fore Paid (S)
Utility	310	155 51		255	_	05	
Design	210	105 10	_	50		65	
Plant	210	105 31	_	155		80	
Reissuc	310	155 51	. –	255	-	10	
. Provisional	210	105	0	0	0	0	mell Entity
2. EXCESS CLAIM FEES Fee Description						Fee (5)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185 endent Claime
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					2	Fee (5)	Fee Paid (\$)
- 20 or HP = HP = highest number of lots	i cisims celd k	r, if greater than 20.	· · · · · · · · · · · · · · · · · · ·			T. B. B. T. B. I.	1 TF / F .F .JT.
Indep. Cialms	Extra Clair	ns Fer (5)	Fee Paid		_		
5 3 or HP =	2	x <u>\$210</u> = _	\$420				
HP a highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
1 Te the modification and decisings exceed 1(f) sheets of paper (excluding siechonicsily filed sequence of computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Sheets or traction thereof See 35 U.S.L. 47(8) (1) (2) India Sheets Extra Sheets Number of each additional 50 or traction thereof Fee (\$) Fee (\$) - 100 =							
4. OTHER PEE(8) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Registration No. 32,622					22	Telephone	(213) 830-5743
Name (Print/Type) WEN LEV							
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